

# Enhancing Management of Chronic Conditions Using Virtual Care During COVID-19

Virtual care is any remote interaction between patients and their circle of care, involving the use of telephone, video, email or secure messaging ([WIHV, 2015](#)). **With some upfront time and effort, virtual care can lead to a more efficient practice and better quality of care both during the pandemic and after.** This resource is designed to improve provider confidence in implementing virtual care to support quality chronic disease management.

## Why virtual care?

Using virtual care for chronic disease management can help you:

- Save time. Avoid visits to titrate medications or track side effects by collecting information on symptoms/risk factor control through email or secure messaging.
- Shorten or reduce follow up visits for chronic disease management by sending educational resources and plans for escalation of care.
- Save administrative staff time. Use email/secure messaging for preventive care (vaccinations, OBSP, CRC screening) and recalling patients for overdue visits.



Key resource: [OntarioMD Peer Leaders](#)<sup>2</sup> is a network of 60+ clinicians who offer free, direct support to assist healthcare providers in selecting and implementing health technologies that will best serve their unique needs.

## A Tips to improve effectiveness and efficiency when providing virtual care



Improved encounter efficiency	More effective patient self-management	Increased opportunities for proactive care
<ul style="list-style-type: none"> <li>• Prior to encounters and in-between virtual visits, send patients digital symptom scores or surveys to assess for exacerbations. Secure messaging platforms may include premade tools and validated scales.</li> <li>• Use patient-facing triage questions.</li> <li>• To replace follow-up visits by telephone or video, ask patients to follow-up via secure email or messaging at specified time intervals to report response to treatment and changes in symptoms.</li> <li>• Be flexible with modalities. Supplement a telephone visit with video for a comprehensive physical exam or follow-up a telephone call with an email to clarify instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• Send patients an action plan, with instructions on how to address changes in disease status (e.g. titration of medication) and red flags for when to seek care.</li> <li>• Have patients use home monitoring devices (e.g. BP cuffs, weight scales) to monitor and support action plans.</li> <li>• Connect patients with free, virtual programs to support self-management skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider screening patients who are at risk of conditions that impact chronic disease and who may worsen during the COVID-19 pandemic.</li> <li>• Certain patients may benefit from enrollment in more intensive remote monitoring programs available in your region.</li> </ul>
<ul style="list-style-type: none"> <li>• For examples of how clinics are setting up email and secure messaging, see <a href="#">CEP: Additional supports - Learn from another practice</a><sup>3</sup></li> <li>• See <a href="#">CEP: Condition-specific patient supports</a><sup>4</sup> (e.g. Type 2 Diabetes)</li> </ul>	<ul style="list-style-type: none"> <li>• See <a href="#">CEP: Additional supports - Self-management programs</a><sup>5</sup></li> <li>• See <a href="#">CEP: Condition-specific patient supports</a><sup>4</sup> (e.g. Type 2 Diabetes)</li> </ul>	<ul style="list-style-type: none"> <li>• See <a href="#">CEP: Local services</a></li> <li>• See <a href="#">CEP: Additional supports - Remote monitoring programs/supports</a><sup>6</sup></li> <li>• See <a href="#">CEP: Condition-specific patient supports</a><sup>4</sup> (e.g. Type 2 Diabetes)</li> </ul>



Quality care can be provided whether care is delivered in-person or remotely. Review these resources to ensure your practice meets regulatory requirements.

- [CNO: Nurse Practitioner Practice Standard](#)<sup>7</sup>
- [CPSO: Practice Guide](#)<sup>8</sup>
- [CMPA: Summary of key concepts and good practices](#)<sup>9</sup>

# B Tips for practicing patient-centred virtual care

 <b>Assess</b> Patient Preference and Capacity	 <b>Enable</b> Patient Access	 <b>Strengthen</b> the Patient-Provider Relationship <sup>14,15</sup>
<ul style="list-style-type: none"> <li>Identify language, visual or hearing barriers.</li> <li>Confirm tech literacy.</li> <li>Confirm access to technology and internet connection.</li> <li>Confirm access to private space for virtual visit. For example, “Are you in a private room?” or “Can anyone overhear your conversation?”</li> <li>Ask which modalities patients are comfortable with. For example, “How often do you use video-conferencing technology?”</li> <li>Consider privacy or security concerns. See <a href="#">CMPA</a><sup>10</sup> for specific considerations.</li> <li>Consider the need for “face-to-face” connection to support patient and therapeutic relationship.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Canada’s Connecting Families program</a><sup>11</sup> provides subsidized internet access for those eligible.</li> <li>Find ways to increase tech literacy, (e.g. have family or friends provide lessons or support a virtual visit).</li> <li>Run a donation drive to collect devices for patients.</li> <li>Support patients and caregivers to obtain and use home monitoring devices.</li> <li>Facilitate access to hearing and other communication aids. See <a href="#">MOH Assistive Devices Program</a><sup>12</sup>.</li> <li>Facilitate access to visual aids. <a href="#">CNIB technology programs</a><sup>13</sup> provide skills and training, as well as accessible/affordable technology.</li> </ul>	<ul style="list-style-type: none"> <li>Describe your behaviours aloud during virtual visit, such as looking up information or note-taking. This can prevent the misinterpretation of silence or a pause.</li> <li>Ask direct questions about a patient’s emotional state. Visual cues may be lacking in virtual care visits.</li> <li>Show attentiveness by making affirming sounds as patient speaks.</li> <li>Avoid multi-part questions if the telephone or internet connection is causing delays or lags.</li> <li>Be aware of the patient’s health literacy. Avoid acronyms and words that are not suitable for a lay audience.</li> </ul>

# C Tips to integrate virtual care into your workflow

- 1. Make a plan.** Include all team members when planning virtual care improvements, especially administrators. Discuss how to communicate changes to patients.

  - For a step-by-step guide, see: [Doctors of BC: Virtual care toolkit](#)<sup>6</sup>

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- 2. Record patient consent.** Discuss the risks of virtual communication with your patient and document their consent. For subsequent virtual interactions, provide a brief reminder of the risks.

  - See [CMPA](#)<sup>10</sup> for a sample consent form; [OntarioMD](#)<sup>1</sup> for verbal consent scripts/EMR documentation examples

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- 3. Prepare patients.** Give patients guidance on participating in virtual visits. Use pre-visit measurement instruments to increase appointment efficiency. See below for more tips on increasing encounter efficiency.

  - [CPSI: Preparing for a virtual visit \(2020\)](#)<sup>17</sup>

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- 4. Manage documents.** Managing documents (e.g. signing and faxing) may require additional software or workflows when working virtually.

  - [Doctors of BC: Virtual care toolkit](#)<sup>18</sup> for suggested applications and workflows
  - [OCP: Temporary Method for Transmitting Prescriptions via Unsecure Email During COVID-19](#)<sup>19</sup>

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- 5. Modify your schedule**

Consider scheduling similar types of appointments together (e.g. telephone appointments in the morning, video visits in the afternoon). Asynchronous communications in-between virtual care visits, when appropriate, can reduce the length and complexity of encounters.

# D Modalities to support virtual care in practice

To determine which services to offer in-person versus virtually, see CEP's [Determining when to schedule in-person vs remote visits<sup>20</sup>](#) resource.



For practical examples of how other health care professionals are optimizing their practice for virtual care, see [CEP's Additional supports and resources - Learn from another practice](#)

## Email and secure messaging

There are benefits to using email and secure messaging. Asynchronous virtual visits facilitate proactive care and patient self-management, which supports continuity and quality of care for patients. For more information see: [CEP: Enhancing Management of Chronic Conditions Using Virtual Care During COVID-19: Email and Secure Messaging<sup>21</sup>](#)



### Email and secure messaging

#### Ideal for

- Follow-up and monitoring symptoms
- Receiving documents, photo and data collection to supplement virtual visits

#### Not ideal for

- Emergencies or when information is needed urgently
- Difficult conversations
- Addressing more complex medical issues

## Clinical pearls

### What email services can I use?

- Gmail, Yahoo and other large consumer email services are allowed for some patient exchanges, but do not support a completely secure exchange of information. Weigh the increased privacy risks versus benefits when deciding to use these services.
- See: [CEP: Addressing privacy and security concerns<sup>21</sup>](#)

### What is secure messaging?

- Secure patient messaging platforms are PHIPA compliant and support secure messaging between patients and providers. Messages may be one-way (provider-to-patient only) or bidirectional (initiated by either patient or provider).

### Examples of workflow tips:

- Consider setting up at least one clinic email. Set up an automatic reply for all clinical emails that inform patients when they can expect a response and when to seek care immediately
- Communicate to patients about when email should be used and when it is not appropriate. See [CEP: Appropriate use for providers and patients<sup>21</sup>](#)

### Provider self-care:

- Block time off to address patient messages and emails
- Limit the number of characters or words patients can use to make short, concise requests or comments
- Set patient expectations

## Telephone and video

There are benefits to using telephone and video. Synchronous virtual visits allow patients and providers to meet in real-time from different locations, allowing for live discussion, examination and delivery of care. For more information see: [CEP Enhancing Management of Chronic Conditions Using Virtual Care During COVID-19: Telephone and Video<sup>22</sup>](#)



### Phone

#### Ideal for

- Triage clinical presentations
- Less-resourced or paper-based clinics
- Addressing a broad range of primary care concerns

#### Not ideal for

- Exams and assessments when nonverbal cues are important



### Video

#### Ideal for

- Clinical concerns where nonverbal cues are important
- Building, maintaining and strengthening the therapeutic relationship

#### Not ideal for

- Clinics without resources for up-front work to set up

## Clinical pearls

**Physical exams:** You may perform a limited physical exam by telephone and video, including patient-assisted maneuvers and assessments of older adults.

- [JAGS: Uptake of Virtual Visits in A Geriatric Primary Care Clinic During the COVID-19 Pandemic<sup>23</sup>](#)
- [Am.J. Med.: The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination<sup>24</sup>](#)
- [MoCA: Montreal cognitive assessment<sup>25</sup>](#)
- [Stanford: How to Administer a Virtual Physical Exam<sup>26</sup>](#) [Video only]

### Provider self-care

- Being on video can be tiring. Break up your day by intermixing different modalities or limiting the number of video visits each day.
- Set patient expectations.

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